

## Question

How should we handle tribal settlements?

Does the GI-Bill count as income?

If residency changes mid-certification, do they need updated proof to receive benefits?

Even though income is not required for a VOC participant, should we ask for it anyway?

If a VOC does not contain benefit dates, how do we issue benefits to the participant?

Can we use an official letter from DFS or OPA as proof of residency?

Is car insurance appropriate for proof of residency?

If end of certification does not print, can we just make a note?

Is it possible for M-SPIRIT to print which official notice is sent to the participant?

Is there a report that can be generated for certs that are about to end so we can see who needs an official notice?

Even if we do not indicate an appointment was kept, do we still need to make a note that the participant missed?

Do we ever need proof of pregnancy?

Where should we document a request for a tailored food package?

Does M-SPIRIT account for smoking and elevation when determining Hgb?

If a measurement from an MD is on letterhead but not signed, can we accept them?

On the medical RX form, part C used to need updating every six months. Has that changed?

## Answer

They do not count as income because they are considered one time payments

No, it's considered a grant or scholarship. For questions about military income, please review the Passport of Military Income or contact state staff if you have specific questions.

If you know the physical address has changed, the address needs to be updated and supporting documentation scanned into the file.

Local Agencies should use their best judgement when deciding if they should ask for income with a VOC. However, it is not required. Call the clinic the participant transferred from if you have any questions about benefit dates.

No, DFS and OPA do not verify residency.

Car insurance is not tied to an address and therefore is not appropriate proof.

No, the non-automated form needs to be scanned into the file.

An enhancement has been requested.

No. Either print with the last set of benefits or the participant will be terminated for non-participation.

It is not required but highly recommended that if an initial appointment is missed, note it in the participant's record.

No. It is a choice for states to require proof of pregnancy. MT WIC has tried it and found it to be a barrier to service.

In SOAP notes or in a general note.

Yes

No, they must be signed. However, if you receive a report directly from a lab, you may accept that without a signature.

Yes. Now the form specifies that the RX is good for a year or the length of the certification, whichever is shorter.

If a FBF mom comes in and says she now needs formula, how do I go about that?

Please cover breastfeeding topics at these meetings.

Local agency staff should be included when updating or making changes to the State Plan.

If we have ideas for enhancing M-SPIRIT, what should we do?

If a participant missed appointment(s) made for the midcert visit between 5-7 months, does a midcert have to be done before the next certification?  
Does everyone need nutrition care plan or only high-risk participants?

Did you say nutrition risk codes should not be on the VOC?

Do we still have to check hemoglobins at 18 months?

Does the CPA add low hemoglobin as a nutrition risk factor when smoking amount and/or elevation change the cutoff value? Or does the computer know?

Would you like the plan for distance RD services spelled out in our contract with the RD?

If you have a 9 month old that needs a hemoglobin at 9 months, do they need another hemoglobin at 1 year certification as well?

You may issue formula to the infant, even if mom has redeemed all of her benefits for the benefit period. Make sure you prorate the amount of formula given to the infant based on what they will actually consume for the remainder of the benefit period.

That's a good idea but we have a lot of topics to cover at these meetings. We will keep that in mind for future meetings

A draft of Chapter 5 was included in the newsletter and submitted comments were reviewed and incorporated as the state office was able.

Please send them to [mwalker@mt.gov](mailto:mwalker@mt.gov)

Yes, at the next appointment.

Everyone needs a nutrition care plan.

1) If you receive a VOC with the minimum required information and there are no nutrition risk codes listed, that is okay.

2) If you print out the VOC from SPIRIT, the nutrition risk codes and their title should be on the form. It really should not be just a number since states do not have to use the number assigned by USDA. Without the title you really do not know what nutrition risk code is associated with the number.

If it was low at the certification visit and this is the midcert visit, yes, it would be checked. In general you do not have to check all child participants at the age of 18 months.

SPIRIT should calculate the correct cutoff when smoking and/or altitude would change it.

Yes and a copy of the contract is sent to Michelle Sanchez for your contract file.

If the hemoglobin was done at 9 months, they would need a hemoglobin at the 1 year certification.

It was stated that infants need a hemoglobin check between 9-12 months of age. Can we not just wait until their one year certification, even if it falls into their 13th month?

Yes.

1) It has changed to 9-12 months for an infant (see the question just before this).

Do we still need to check hemoglobin between 8 1/2 and 9 1/2 months. If so, do we then check it between 15 1/2 and 18 1/2 months? Or has this changed to checking at 9 months and 1 year.

2) If the infants hemoglobin was checked at 9 months and was normal, another hemoglobin would be required at the next certification, whether that was at 1 year or at 15 months.

If a participant has a low hemoglobin at certification and it is rechecked in 1-2 months and still low, does it have to be rechecked again in 2 months and again at midcert? Can the participant refuse the hemoglobin check at midcert?

1) Yes.

2) Yes, the participant can refuse the hemoglobin check at midcert as with any other follow-up visit. Be sure to document.

Hemoglobin was noted to be tested at 9 months for premies, but can it be anywhere between 6-9 months?

The 2013 State Plan will say to check hemoglobin at 9 months of age for premature and/or low birth weight infants.

What happens if the hemoglobin was checked at 9 months and was low? Would it have to be rechecked in 1-2 months and again at 1 year?

Yes. Always at certification.

What is your recommendation for ratio of RD to participant numbers? About 80-90 % of our participants fall into the definition of high risk but we can't afford many RD hours. What do you think we should do? Can a woman who has a high BMI do education on an iPad?

The spreadsheet used last year has been attached to the 09-17-12 newsletter. RD services are a requirement of the Program. If you need to discuss you ideas or possible options, set up a phone call with Joan. A woman with a high BMI can receive RD services or follow-up nutrition education via an iPad.

Low hemoglobin at the cutoffs do not flag the code. Do we need to recheck?

Mark will check why not flagging. If it is at or below the value, it should flag.

If only one weight/length check was plotted on the CDC growth grids at an early age, it disappears with the next weight/length entry that is on the WHO growth grids. Why?

Mark will look into this.

Can a template be created for notes (like a SOAP note or with the questions in place) for wichealth.org?

Mark will look into this.

For staff members who did not attend, how can we document continuing education for the staff we train when we return to our clinic(s)?

Plan a staff meeting. Complete the Pre-Event Request for CE Credit Approval listing objectives, instructor and time and send it to Chris Fogelman. She will contact you about the credit approval. The number of CEUs will not be the same as if they attended since they will be receiving a condensed version. Send in an attendance list after completion of the training.